

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007265

**Entity Name:** SOARING BUTTERFLIES FOR TURNER SYNDROME, INC.

**Current Principal Place of Business:**

12751 SW 56TH STREET  
SOUTHWEST RANCHES, FL 33330

**Current Mailing Address:**

12751 SW 56TH STREET  
SOUTHWEST RANCHES, FL 33330 US

**FEI Number:** 47-4887833

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAY, DARLENE  
12751 SW 56TH STREET  
SOUTHWEST RANCHES, FL 33330 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name            DEMARZO, JEANNIE  
Address         8971 NW 13 COURT  
City-State-Zip: CORAL SPRINGS FL 33071

Title            FP  
Name            HAY, DARLENE  
Address         12751 SW 56TH STREET  
City-State-Zip: SOUTHWEST RANCHES FL 33330

Title            FVP  
Name            WOODS, VERONICA  
Address         2108 S CYPRESS BEND DRIVE APT  
                  108  
City-State-Zip: POMPANO BEACH FL 33069

Title            DIRECTOR  
Name            NATHAN, CHERYL  
Address         9495 EVERGREEN PLACE  
                  #406  
City-State-Zip: DAVIE FL 33324

Title            SECRETARY  
Name            MOSQUERA, LILLIANA  
Address         9132 SOUTHERN ORCHARD ROAD N  
City-State-Zip: DAVIE FL 33328

Title            DIRECTOR  
Name            WOODS, MARCUS  
Address         2108 S. CYPRESS BEND DRIVE  
                  APT#108  
City-State-Zip: POMPANO BEACH FL 33069

Title            DIRECTOR  
Name            RIVERA, NICOLE  
Address         3282 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARLENE HAY

**PRESIDENT**

**03/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date